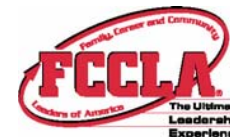


Family, Career and Community Leaders of America, Inc.®

Member Affiliation Form



1 Please remit the national and state copies of the 3-part form and 2 copies of your member lists with your payment. Retain the chapter copy and one member list for your records.

2 Chapter ID Number _____

Name of Chapter

Name of School

Address

City _____ State _____ Zip _____ Zip Ext. _____

(Include area code)

Telephone # _____ Fax # _____

3 Co-curricular Chapter? Yes ☐ No ☐ 4 School Location: ☐ Urban ☐ Suburban ☐ Small Town ☐ Rural

5 Check your school type: ☐ Elementary ☐ Middle School ☐ Junior High/Intermediate
☐ Combined Jr/Sr High ☐ Senior High ☐ Other (Career Tech School, etc.)

6 # of Males _____ # of Females _____ Total for this Payment _____ Total # YTD _____

7 Chapter Type (required) Race/National origin (optional). Enter number of members for this payment below:

Occupational _____ # Caucasian _____ # African-American _____ # Asian _____

Comprehensive _____ # Hispanic _____ # Native-American _____ # Others _____

8 _____
Mr/Mrs/Ms Adviser First Name M.I. Adviser Last Name

Home Address

City _____ State _____ Zip _____ Zip Ext. _____

(_____)

Telephone # (include area code) _____ 9 _____
Years as adviser

10 My Email Address is _____

11 The additional advisers for this chapter are (list home addresses on separate sheet):

Send dues payment to:

FCCLA Lock Box Operations
P.O. Box 718, Dept. D
Baltimore, MD 21203-0718

12 Dues Both state and national dues must be paid for each member.
Overpayment of \$10.00 or less will not be refunded. No substitution of names.

Which dues payment of the school year? ☐ 1st ☐ 2nd ☐ 3rd or more

NATIONAL DUES

RATE

AMOUNT

Members	1 to 9 members	Minimum	= \$	72.00
Additional Members	_____ X	\$ 8.00 each	= \$	_____
Adviser Contribution	_____ X	\$ 8.00 each	= \$	_____

STATE DUES – See Affiliation Information sheet for rates

Members	_____ X	\$	= \$	_____
Adviser Contribution	_____ X	\$	= \$	_____
State Chapter Fee	_____ X	\$	= \$	_____

Method of Payment

Check # _____ Total = \$ _____

PO # _____

VISA (Direct affiliation only) ☐ MASTERCARD (Direct affiliation only) ☐

Credit Card #

Card Holder Signature _____ Exp. Date _____ / _____

Each member's national dues includes \$4.00 for a one-year subscription to *Teen Times* magazine. Nonmember subscriptions to *Teen Times* are \$8.00.

13 _____
Chapter Adviser Signature Date

Chapter President Signature Date

President's
Home Address _____

City, State, Zip _____

TO RECEIVE FULL SERVICES INCLUDING THE JAN/FEB ISSUE OF
TEEN TIMES, AFFILIATION MUST BE POSTMARKED TO NATIONAL
HEADQUARTERS BY **NOVEMBER 30**. ALL AFFILIATIONS MUST BE
POSTMARKED BY MAY 31. SEE INSTRUCTIONS ON BACK.

Rev. 0305

Please refer to the back of this form for detailed information.